PUBLIC VOUCHER
FOR TRANSPORTATION CHARGES

See FPMR (41 CFR) 101-41 for Instructions on Complet- ing this Form.

VOUCHER OR SCHEDULE NO.

DEPARTMENT OR AGENCY, BUREAU OR SERVICE, AND LOCATION SHOWN ON SUBVOUCHERS
U.S.

PAID DATE

THE UNITED STATES, DR., TO: *(Payee's name and address)*

CARRIER'S BILL NUMBER

CARRIER'S SCAC NUMBER

SERVICES FURNISHED *(Check one)*

☐ FREIGHT ☐ PASSENGER

Do NOT bill GBL and GTR charges on the same form.

For payment of services rendered
as evidenced by attached subvouchers.

ALPHA PREFIX AND SERIAL NO. OF SUBVOUCHER	AMOUNT	

PAYEE'S CERTIFICATE

I certify that the account stated hereon, as evidenced by the attached subvouchers, is correct and just; that services have been rendered or tickets furnished as indicated; that payment has not been received; and that the charges are not in excess of those applicable thereto under (1) tariffs lawfully on file with any Federal or State transportation regulatory agency or (2) rates, fares and charges established pursuant to section 10721 of the Interstate Commerce Act, as amended, or other equivalent contract arrangement or exemption from regulation.

DATE _____

PAYEE* _____

PER _____

(Signature)

_____

(Capacity)

*When a voucher is signed in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which the person signs, must appear. For example: "A.B.C. Railway Co., per John Doe, Controller," or "Auditor," as the case may be.

DIFFERENCES	AMOUNT	
AMOUNT VERIFIED - CORRECT FOR ▶		

VERIFIED BY
(Signature or initials) ▶

TOTAL CLAIMED ▶

ACCOUNTING CLASSIFICATION

The enclosed check settles voucher submitted for payment of the account described in the memorandum hereon. *(No acknowledgment of receipt of the check is necessary.)*

MEMORANDUM

NOTE - If the payee named in the attached voucher will supply below such data as will identify the check drawn in payment thereof with the account in his office, this slip will be mailed with the check.

NAME: _____

ADDRESS: _____

(Department, Bureau or Establishment)

BILL NO.: _____

AMOUNT: $ _____